



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 31, 2012

Joel Stephens, Administrator
Caledonia Home Health Care
161 Sherman Drive
Saint Johnsbury, VT 05819-1146

Provider ID #:477010

Dear Mr. Stephens:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **November 30, 2011**.

Follow up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure - STATE



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PRINTED: 01/10/2012
FORM APPROVED

Division of Licensing and Protection

Licensing and
Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2011
NAME OF PROVIDER OR SUPPLIER CALEDONIA HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 161 SHERMAN DRIVE SAINT JOHNSBURY, VT 05819		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 001	Initial Comments An unannounced complaint investigation was conducted on 11/30/11 by the Division of Licensing and Protection. There were regulatory violations related to Regulations for the Designation and Operation of the Home Health Agencies.	H 001	Professional Advisory Committee -- Correction Plan: 1. Reviewed Professional Advisory Committee policy and procedure. 2. All committee members' attendance will be reflected in the minutes. 3. During the next advisory committee the following will be addressed: a. Attendance requirements as outlined in both policy and regulations. b. Composition requirements of the advisory committee as outline in policy/regulations. c. The committee will review and select which times/date that the committee will meet. 4. The Chief Operational Officer will review minutes to assure that the professional advisory committee is: a. The professional advisory committee is meeting their responsibilities as outline in policy/regulations b. The advisory committee meets composition requirements as outlined policy/regulation. Completion Date April 2012 <i>POC audit 1.25.12 S. Emmons / wtl</i>	
H 620 SS=D	6.4(a) Organization, Services and Administration VI. Organization, Services and Administration 6.4 A home health agency shall establish a professional group of advisors to advise the home health agency on professional issues, to participate in the evaluation of the agency's program(s) and to assist the agency with the maintenance of liaisons with other health care providers in the community and with the home health agency's community information program. At a minimum, the professional advisors group shall: (a) Include at least one physician and one registered nurse, with appropriate representation from other professional disciplines, and at least one member who shall not be an owner or an employee of the agency; This REQUIREMENT is not met as evidenced by: Based on record review and interview the home health's professional group of advisors did not have a physician present during the evaluation of the agency's program(s). findings include: The Professional Advisory Committee (PAC) minutes dated 10/29/09 through 09/22/11 indicated there was no physician present at these	H 620		

Division of Licensing and Protection

Joel D. Stephens;
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Clinical Director

(X6) DATE

1/20/2012

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If continuation sheet 1 of 4

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H 620	Continued From page 1 meeting. Per review of the 05/12/11 committee meeting minutes states "action items review of the annual Program Evaluation". Also on 05/26/10 the PAC meeting minutes state "annual program eval were reviewed and approved." However a physician was not present at any of these meetings. In addition, the 2009 Annual Report (the 2010 Report is due March 2011) did not list the area home health agency staff, consumers or their representatives as contributors. Per interview on 11/30/11 at 4:00 PM the Area Director confined the Annual review was reviewed without the input and presence of the physician. see tag 640	H 620	The regulation states that the PAC "Include at least one physician and one registered nurse, with appropriate representation from other professional disciplines, and at least one member who shall not be an owner or an employee of the agency;" We have invited (e-mail/mail) the physician member throughout the period of time cited. The regulation does not state that the physician must attend these meeting. The annual evaluation was presented to the PAC on September 2011. During this meeting the PAC gave their input into this report and the report was finalized as drafted.		
H 640 SS=D	6.9(a) Organization, Services and Administration VI. Organization, Services and Administration 6.9 A home health agency shall conduct an overall evaluation of the home health agency's total program at least once a year, with input from the professional advisory group, home health agency staff, and consumers and their representatives. (a) The evaluation shall consist of an overall policy and administrative review, shall include the results of clinical record reviews, and shall assess the extent to which the home health agency's programs are appropriate, adequate, effective, and efficient. This REQUIREMENT Is not met as evidenced by: Based on record review and interview the annual evaluation did not have input from the	H 640	We have had many discussions with Dr. Ready concerning the agency's programs to assure that the services being offered are appropriate, adequate, effective and efficient. We believe that the requirement is met. The annual evaluation will be presented to the advisory committee for review and input on an annual basis. This process will be reflected both in annual evaluation and in the committee minutes.		

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Joel D. Stephens, Clinical Director 1/20/2012

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H 640	Continued From page 2 professional advisory group. Findings include: 1. On 11/30/11 at 3:00 PM., per review of the Annual Program Evaluation dated 05/26/11 the summary was written by the Home Health Director. The Professional Advisory Committee (PAC) has not had a physician present during the PAC meetings during a 2 year period from 10/29/09 through 09/22/11. The Director confirmed that the annual program evaluation did not have input from the PAC. see tag 620	H 640	The annual evaluation will be reviewed by the Clinical Director and Chief Operational Officer to assure that the report meets policy and federal/state requirements. Completion Date April 2012 <i>POC and 1-25-12</i> <i>S. G. [Signature]</i>	
H 730 SS=D	7.3(a)(1) Discontinuation of Services VII. Discontinuation of Services 7.3 When a home health agency identifies a need to discontinue or reduce services to a patient, the home health agency shall provide a verbal notice, followed by a written notice, accessible to the patient. (a) If services will be reduced or discontinued, the home health agency shall give written notice as follows: (1) In general, written notice shall be provided by the home health agency at least 14 days prior to the discontinuation or reduction of services. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Agency failed to provide written notice prior to discontinuation of services for 1 applicable patient. (Patient #f) Findings include:	H 730	Discontinuation of Services Plan: 1. Conduct an in-service with staff concerning policy and procedure requirements for discontinuation of services by Feb 15, 2012. 2. Adherence to discharge policy and procedures will be monitored through: A. Peer chart audits. B. Results of these chart audits will be reviewed by the clinical director, management team and PAC. Completion Date Feb 2012 <i>POC and 1-25-12</i> <i>S. G. [Signature]</i>	

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[Signature]
Joel D. Stephens, Clinical Director 1/20/2012

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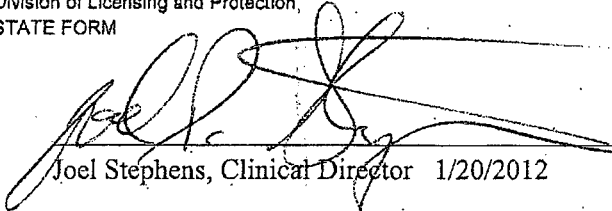
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H 730	Continued From page 3 1. Per record review on 11/30/11 of Patient #1's chart there was no written notice provided 14 days prior to the discontinuation of services. Patient #1 received personal care 7 days a week. Per record review, on 06/20/11 the nurse called and informed the patient's family that the Agency was discharging the patient. The LNA's (licensed nursing assistants) did not make further visits. There was no copy of the Notice of Discharge form. Per interview on 11/30/11 at 1:03PM the Registered Nurse Team Leader confirmed that the patient was discharged "without due process" and that there was no written notice given to the patient.	H 730			

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Joel Stephens, Clinical Director 1/20/2012